

**STATE OF CALIFORNIA**  
**MARKS-ROOS YEARLY FISCAL STATUS REPORT**  
**FOR LOCAL OBLIGATION ISSUE**

CDIAC # \_\_\_\_\_

California Debt and Investment Advisory Commission  
915 Capitol Mall, Room 400, Sacramento, CA 95814  
P.O. Box 942809, Sacramento, CA 94209-0001  
(916) 653-3269

For office use only

Fiscal Year \_\_\_\_\_

**I. GENERAL INFORMATION**

A. Local Obligation Issuer \_\_\_\_\_

B. Name/Title/Series of Bond Issue \_\_\_\_\_

C. Date of Bond Issuance \_\_\_\_\_

D. Original Principal Amount of Bonds \$ \_\_\_\_\_

E. Reserve Fund Minimum Balance Required Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_ No \_\_\_\_\_  
(If No, answer the following)

1. Part of Authority Reserve Fund Yes \_\_\_\_\_ % of Reserve Fund \_\_\_\_\_

F. Name of Authority that purchased debt \_\_\_\_\_  
Was this a Senior/Subordinate Authority Bond? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Senior Authority bond issue)

\_\_\_\_\_  
(If Yes, list Senior and Subordinate below)

\_\_\_\_\_  
(Subordinate Authority bond issue)

G. Date of Authority Bond(s) Issuance \_\_\_\_\_

**II. FUND BALANCE FISCAL STATUS**

Balances reported as of June 30, \_\_\_\_\_  
(Year)

A. Principal Amount of Bonds Outstanding \$ \_\_\_\_\_

B. Bond Reserve Fund \$ \_\_\_\_\_

C. Capitalized Interest Fund \$ \_\_\_\_\_

**III. LOCAL OBLIGATION INFORMATION**

Delinquency Rate reported as of Tax Collection on: \_\_\_\_\_  
(Date)

A. Delinquency Rate: \_\_\_\_\_  
(Percent)

B. The Taxes are Paid Under the County's Teeter Plan: Yes \_\_\_\_\_ No \_\_\_\_\_

**IV. NAME OF PARTY COMPLETING THIS FORM**

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

FIRM/AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE OF REPORT \_\_\_\_\_